

Meteorology and Air Quality Group
Checklist for Management Walk-Arounds in MAQ

Project:

Date: ____/____/____

Area/work process/ procedure evaluated:

NOTE: Personnel performing walk-arounds must have received orientation and/or training in self assessment techniques or be accompanied by experienced and trained personnel.

| Item | OK? | Comments |
|---|--------|----------|
| Previous assessment/walk-around data used, when available? | Y N NA | |
| Used HCP or guidance card (if available) for the requirements being evaluated? Title: _____ | Y N NA | |
| Completed "Computer Workstation Baseline Checklist for Ergonomics" for new employees or relocated workspaces? [http://int.lanl.gov/safety/ergonomics/docs/sa_checklist.pdf] | Y N NA | |
| No environmental hazards are present or are mitigated? | Y N NA | |
| Contractor activities included (to assure adherence to contractual safety commitments)? | Y N NA | |
| The specific work activities are covered by an existing HCP? | Y N NA | |
| Any previously unidentified hazards noted? | Y N NA | |
| Unsafe work practices or conditions identified during walk-arounds corrected immediately or work stopped? | Y N NA | |
| Hazards and their risk levels in the HCP are evaluated and ranked appropriately? | Y N NA | |
| Solicited worker observations, concerns, and suggestions? | Y N NA | |
| Walk-arounds recognized and reinforced good performance? | Y N NA | |
| DR initiated for violations of requirements? | Y N NA | |
| Within 3 working days, submit to the Laboratory-wide tracking system (may be accessed through the LANL home page -- "management walk arounds") information from this form. | Y N NA | |

Noteworthy practices:

General observations:

Unsafe conditions that need attention: Responsible person: Completion date(s):

Walk-around conducted by:

Signature Name (print) Z no. Date

When complete, enter the information in the electronic MWA system and submit this form to MAQ Records Coordinator.